

## ***REPORT - HIPAA 835 to CSDB mapped fields only***

<i>Loop</i>	<i>SegID</i>	<i>HIPAA Name</i>	<i>DT</i>	<i>Req</i>	<i>File</i>	<i>Field</i>	<i>DT</i>	<i>Comment</i>	<i>CommentType</i>
<b><i>Health Care Claim Payment/Advice</i></b>									
	ST	Transaction Set Header		R					
	BPR	Financial Information		R					
	TRN	Reassociation Trace Number		R					
	CUR	Foreign Currency Information		S					
	REF	Receiver Identification		S					
	REF	Version Identification		S					
	DTM	Production Date		S					
<b><i>1000A</i></b>	<b><i>N 1</i></b>	<b><i>Payer Identification</i></b>		<b><i>R</i></b>					
1000A	N 1	Payer Identification		R					
1000A	N 3	Payer Address		R					
1000A	N 4	Payer City, State, ZIP Code		R					
1000A	REF	Additional Payer Identification		S					
1000A	PER	Payer Contact Information		S					
<b><i>1000B</i></b>	<b><i>N 1</i></b>	<b><i>Payee Identification</i></b>		<b><i>R</i></b>					
1000B	N 1	Payee Identification		R					
1000B	N 3	Payee Address		S					

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1000B	N 4	Payee City, State, ZIP Code		S					
1000B	REF	Payee Additional Identification		S					
2000	LX	Header Number		S					
2000	LX	Header Number		S					
2000	TS3	Provider Summary Information		S					
2000	TS301	Provider Identifier	AN30	R				This is pay-to provider which, combined with patient control/account number, gives provider's claim ID.	Translation
2000	TS302	Facility Type Code	AN2	R				Get facility type code	Translation
2000	TS2	Provider Supplemental Summary Information		S					
2100	CLP	Claim Payment Information		R					
2100	CLP	Claim Payment Information		R					
2100	CLP01	Patient Control Number	AN38	R				Provider's ID for claim: patient account number	Translation
2100	CLP02	Claim Status Code	ID2	R				Only use the transaction is this field is 1, 2, 3, 19, 20, 21.	Translation
2100	CLP07	Payer Claim Control Number	AN30	S				This is the MMIS unique ID for claim.	Translation
2100	CAS	Claim Adjustment		S					
2100	NM1	Patient Name		R					
2100	NM103	Patient Last Name	AN35	R	CSDB	FULL NAME OR SURNAMES	A(120)	Use this as patient name, unless "corrected patient name" is sent.	Translation

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2100	NM104	Patient First Name	AN25	R	CSDB	GIVEN NAMES	A(60)		
2100	NM108	Identification Code Qualifier	ID2	S	CSDB	ALTERNATE ID TYPE	A(2)	Send "13" for DSHS PIC code	Translation
2100	NM109	Patient Identifier	AN80	S	CSDB	ALTERNATE ID VALUE	A(50)		
<b>2100</b>	<b>NM1</b>	<b>Insured Name</b>		<b>S</b>					
<b>2100</b>	<b>NM1</b>	<b>Corrected Patient/Insured Name</b>		<b>S</b>					
2100	NM103	Corrected Patient or Insured Last Name	AN35	S	CSDB	FULL NAME OR SURNAMES	A(120)	If this is present, use this as patient name	Translation
2100	NM104	Corrected Patient or Insured First Name	AN25	S	CSDB	GIVEN NAMES	A(60)		
<b>2100</b>	<b>NM1</b>	<b>Service Provider Name</b>		<b>S</b>				If service provider is omitted, use pay-to provider.	Translation
2100	NM103	Rendering Provider Last or Organization Name	AN35	S				Store service provider last name	Translation
2100	NM104	Rendering Provider First Name	AN25	S				Store service provider last name	Translation
2100	NM109	Rendering Provider Identifier	AN80	R				Store service provider ID	Translation
<b>2100</b>	<b>NM1</b>	<b>Crossover Carrier Name</b>		<b>S</b>					
2100	NM103	Coordination of Benefits Carrier Name	AN35	R				If this is Medicare, keep it.	Translation
<b>2100</b>	<b>NM1</b>	<b>Corrected Priority Payer Name</b>		<b>S</b>					
2100	NM103	Corrected Priority Payer Name	AN35	R				If this is Medicare, keep it.	Translation
<b>2100</b>	<b>MIA</b>	<b>Inpatient Adjudication Information</b>		<b>S</b>					
2100	MIA06	Claim Disproportionate Share Amount	R18	S				Store this.	Translation

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2100	MOA	Outpatient Adjudication Information		S					
2100	REF	Other Claim Related Identification		S					
2100	REF	Rendering Provider Identification		S					
2100	DTM	Claim Date		S					
2100	DTM02	Claim Date	DT8	R				Claim date will be used to determine most recent claim.	Translation
2100	PER	Claim Contact Information		S					
2100	AMT	Claim Supplemental Information		S					
2100	QTY	Claim Supplemental Information Quantity		S					
2110	SVC	Service Payment Information		S					
2110	SVC	Service Payment Information		S					
2110	SVC01	Product or Service ID Qualifier	ID2	R				"HC" for HCPCS codes; "ID" for ICD9 procedures	Translation
2110	SVC01	Procedure Code	AN48	R	CSDB	SERVICE CODE	A(42)		
2110	SVC01	Procedure Code	AN48	R	CSDB	TIE BREAKER	A(100)		
2110	SVC03	Line Item Provider Payment Amount	R18	R	CSDB	DOLLARS	N(15)		
2110	SVC04	National Uniform Billing Committee Revenue Code	AN48	S	CSDB	SERVICE CODE	A(42)	used to help identify service	Translation
2110	SVC05	Units of Service Paid Count	R15	S	CSDB	SERVICE QUANTITY	N(9)		

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<b>2110</b>	<b>DTM</b>	<b>Service Date</b>		<b>S</b>					
2110	DTM02	Service Date	DT8	R	CSDB	BEGIN DATE (Service Span)	N(8)		
2110	DTM02	Service Date	DT8	R	CSDB	END DATE (Service Span)	N(8)		
<b>2110</b>	<b>CAS</b>	<b>Service Adjustment</b>		<b>S</b>					
<b>2110</b>	<b>REF</b>	<b>Service Identification</b>		<b>S</b>					
2110	REF02	Provider Identifier	AN30	R				This is the provider's line item number from the claim, in case it's different than MMIS used on the remittance.	Translation
<b>2110</b>	<b>REF</b>	<b>Rendering Provider Information</b>		<b>S</b>					
<b>2110</b>	<b>AMT</b>	<b>Service Supplemental Amount</b>		<b>S</b>					
<b>2110</b>	<b>QTY</b>	<b>Service Supplemental Quantity</b>		<b>S</b>					
<b>2110</b>	<b>LQ</b>	<b>Health Care Remark Codes</b>		<b>S</b>					
<b>2110</b>	<b>PLB</b>	<b>Provider Adjustment</b>		<b>S</b>					
<b>2110</b>	<b>SE</b>	<b>Transaction Set Trailer</b>		<b>R</b>					

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### Comment Type Legend:

Case Management = "Nice to Have" fields for case reviewers.

Electronic COB = If we do electronic COB, these fields will be needed.

HIPAA Questions = Questions about interpreting the HIPAA Implementation Guides.

HIPAA Required = Required fields in HIPAA that don't seem to be in the legacy system.

Map Codes = Need to crosswalk local codes to standard codes.

Match Back = Fields received on an incoming transaction that must be returned in the response.

Nice to Have = Optional fields that are useful for other reasons.

Policy Issues = Decisions to be made by system experts.

Processing Logic = Logic that needs to be built into either the front end or MMIS.

System Questions = Questions about the legacy systems.

Translation = Only use to program translations.

### Column Heading Legend:

"DT" = Data Type

### COBOL Data Types Legend:

X(n) - Character data with length of n bytes

9(n) - Integer data with length of n bytes

S9(n) - Signed integer data with length of n bytes

9(n)V99 or 9(n)V9(2) - Numeric data with n decimal digits before the decimal point and 2 decimal digits after the decimal point

S9(n)V99 or S9(n)V9(2) - Signed numeric data with n decimal digits before the decimal point and 2 decimal digits after the decimal point

### HIPAA Data Types Legend:

ANn - Free text with length of n bytes

IDn - Coded value with length of n bytes

Nn - Numeric data with length of n bytes

Rn - Real data with length of n bytes

DT8 - Date expressed as CCYYMMDD

TM8 - Time expressed as HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds ((00-99)